

Wright-patterson

Air force base

Youth sports registration

Packet

Thank you for your interest in WPAFB Youth Sports Programs! Please take the time to fill out the following information accurately. When complete, return it to the appropriate person(s) according to the following directions:

Return to Youth Center: Participant/Volunteer Registration Form, Parents'/Coaches' Code of Ethics Form, Proof of Age (i.e. copy of Birth Certificate or Military I.D.)

NOTES:

*An annual physical is required and a copy must be provided to the Youth Center to be kept on file.

*Youth must be eligible to participate in WPAFB Youth Activities (i.e. legal dependent(s) of DoD employees). Supporting documentation may be required.

Return to Coach: WPAFB Youth Sports Medical Information and Release Form.

The WPAFB Youth Sports Program is always looking for volunteers willing to help coach and participate in our Sports Advisory Board. ANY assistance you are willing to provide towards enhancing the experiences of our youth will be greatly appreciated!

Thank You!
WPAFB Youth Sports Staff

Parents' code of ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.

I will remember that the game is for youth - not adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

I will read the National Standards For Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

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Parent's Signature_____ Date_____

Parent's Signature_____ Date_____

Coaches' code of ethics

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' Code of Ethics:

I will place the emotional and physical well being of my players ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I will use those coaching techniques appropriate for all of the skills that I teach.

I will remember that I am a youth sports coach, and that the game is for children and not adults.

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Coach's Signature_____ Date_____

YOUTH ACTIVITIES REGISTRATION FORM

"THE UNDERSIGNED IN CONSIDERATION OF PERMISSION FOR MY CHILD TO PARTICIPATE IN THE WRIGHT PATTERSON YOUTH SPORTS PROGRAM, AGREE TO SAVE, HOLD HARMLESS, INDEMNIFY, AND DEFEND THE UNITED STATES AND ITS AGENTS FROM ANY AND ALL LIABILITY AND CLAIMS OF WHATEVER KIND, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY AND PROPERTY DAMAGE, OCCURRING IN THE CONNECTION WITH OR RISING OUT OF THE ACTIVITIES OR CONDUCT WITH THE PROGRAM. I ALSO AGREE TO ASSUME RESPONSIBILITY FOR AND INDEMNIFY THE UNITED STATES AND ITS AGENTS FOR ANY AND ALL LOSS AND DAMAGE OF WHATEVER KIND CAUSED TO THE PROPERTY OF THE UNITED STATES IF SUCH LOSS OR DAMAGE IS THE RESULT OF THE NEGLIGENCE OR MISCONDUCT OF MY CHILD AT ANY LOCATION CONNECTED WITH THE PROGRAM."

REGISTRATION FOR (SPORT/ACTIVITY): _____

CHILD'S NAME: _____

AGE: _____ SEX: _____ HEIGHT (INCHES): _____ WEIGHT: _____

DATE OF BIRTH: _____ YEARS OF EXPERIENCE: _____

MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS: _____

MY CHILD TAKES THE FOLLOWING MEDICATIONS: _____

SPONSOR'S NAME/RANK: _____ E-MAIL(S) _____

SQUADRON/OFFICE SYMBOL: _____ SPOUSE'S NAME: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ DUTY PHONE: _____ CELL PHONE: _____

****EMERGENCY CONTACT (IN CASE WE CANNOT NOTIFY THE SPONSOR OR SPOUSE)****

CONTACT NAME: _____ HOME PHONE: _____

WORK PHONE: _____ OTHER #'S (i.e. cell) _____

SIGNATURE (PARENT/GUARDIAN) _____

*ARE YOU INTERESTED IN BEING A(N): _____ HEAD COACH
_____ ASSISTANT COACH

ANY SPECIAL REQUESTS: _____
(SPECIAL REQUESTS ARE NOT GUARANTEED)

THIS REGISTRATION FEE IS NON-REFUNDABLE EXCEPT FOR PCS OR DOCTORS STATEMENT.

FEE PAID: _____ CASHIER: _____ DATE: _____

CHECK #: _____ RECIEPT #: _____

SHIRT

YOUTH SMALL _____
YOUTH MEDIUM _____
YOUTH LARGE _____
ADULT SMALL _____
ADULT MEDIUM _____
ADULT LARGE _____
ADULT X-LARGE _____

PANTS

YOUTH SMALL _____
YOUTH MEDIUM _____
YOUTH LARGE _____
ADULT SMALL _____
ADULT MEDIUM _____
ADULT LARGE _____
ADULT X-LARGE _____

THIS FORM IS PROTECTED BY THE PRIVACY ACT OF 1974

IMAGE RELEASE: by initialing below, permission is granted for the image of the participant above to be used in local newspapers and other printed material to promote/publicize the youth sports program.

Initials of parent/guardian _____

WRIGHT-PATTERSON AIR FORCE BASE
YOUTH SPORTS MEDICAL INFORMATION AND RELEASE FORM
(ONE FOR EACH ATHLETE)

Athlete's Name _____ D.O.B. _____

Father's Name _____ Home Phone _____

Work Phone _____ Email _____

Mother's Name _____ Home Phone _____

Work Phone _____ Email _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION:

Family Physician's Name _____

Phone _____ Address _____

Allergies and/or Medical Conditions (list): _____

Medications (list): _____

Date of last Tetanus Toxoid Booster _____

Date of last physical examination _____

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

NOTE: This release is to be carried by head/assistant coach to all practices and games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.

WRIGHT PATTERSON AIR FORCE BASE

YOUTH ACTIVITIES VOLUNTEER REGISTRATION

I DESIRE TO VOLUNTEER MY SERVICES IN THE YOUTH (SPORT) _____ PROGRAM. I EXPRESSLY AGREE THAT SUCH SERVICES ARE OFFERED AT NO COST TO THE U.S. GOVERNMENT OR ANY INSTRUMENTALITY THEREOF. I EXPECT NO PRESENT OR FUTURE COMPENSATION AS A RESULT OF THE SERVICES TO BE PERFORMED BY MYSELF. I UNDERSTAND THAT THE PERFORMANCE OF SERVICES ENTITLE ME TO NO COMPENSATION, EITHER IN PAY OR BENEFITS, AND I AGREE THAT I SHALL NOT PRESENT ANY CLAIMS AGAINST THE UNITED STATES OR ANY AGENCY, INSTRUMENTALITY, OR EMPLOYEE THEREOF. I UNDERSTAND THAT I AM EXPECTED TO KNOW AND ABIDE BY THE POLICIES OF THE AIR FORCE PROGRAM.

SIGNATURE _____ DATE _____

NAME: _____

RANK: _____ SQUADRON: _____ OFFICE SYMBOL: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ DUTY PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ YEARS OF COACHING EXPERIENCE: _____

LIST PREVIOUS DUTY STATION: _____

LAST TWO EMPLOYERS:

1) NAME: _____ PHONE: _____

CITY: _____ STATE: _____

2) NAME: _____ PHONE: _____

CITY: _____ STATE: _____

LIST EXPERIENCE IN ACTIVITY FOR WHICH YOU ARE VOLUNTEERING:

ARE YOU INTERESTED IN BEING A(N):

HEAD COACH
ASSISTANT COACH
OFFICIAL (UMPIRE/REFEREE)
BOARD MEMBER

AGE GROUP DESIRED: _____ YOUR CHILD ON TEAM? _____

ANY SPECIAL REQUESTS: _____

Youth Sports Office

255-5053 ext.308

Baseball (ages 5-18)

- " Registration starts end of January. Runs through the second week of March.
- " Practice starts beginning of April. Regular season starts beginning of May.
- " Runs through end of June. All-Star tournament ends mid-July.
- " Current cost is \$40.00 for ages 5-8 and \$50.00 for ages 9-18
- " 1-2 games per week. One during the week and one on Saturday.
- " Participate in Little League Baseball.

Soccer (ages 5-13)

- " Registration starts end of April. Runs through the end of May.
- " Practice starts beginning of August. Age cutoff is July 31 (age as of that date).
- " Regular season starts beginning of September. Runs through end of October.
- " Current cost is \$45.00
- " 1-2 games per week. One during the week and one on Saturday.
- " Participate in Soccer Association for Youth (SAY).

Basketball (ages 5-18)

- " Registration starts second week of September. Runs through end of October.
- " Practice starts first week of December.
- " Regular season starts beginning of January. Runs through second week of March.
- " Current cost is \$45.00.
- " 1-2 games per week. Mostly Saturday games.
- " Compete against other peers registered in the program.

Flag Football (ages 5-12)

- " Registration starts third week in July. Runs to the end of August.
- " Practices start end of August.
- " Regular season starts middle of September. Runs to the end of October.
- " Current cost is \$40.00.
- " 2 games per week. Tuesdays and Thursday.

Coaches and volunteers are always needed!!!